



Work Related Musculo-Skeletal Disorders

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Summary

The Society and College of Radiographers receives many enquiries from sonographers about work related musculo-skeletal disorders (WRMSD). The following is a compilation of some of the answers that Nigel Thomson (Professional Officer for Ultrasound) and Lyn Wigley (Policy Officer: Health and Safety) have given.

Introduction

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1) What information is available on WRMSD ?

A sonographer should aim for what might be called 'sensible scanning' practices. If a sonographer feels that conditions are likely to induce or exacerbate WRMSD, whether it be due to the workload, inadequate equipment, reporting facilities, high patient BMI, or other reasons then it is their professional duty to inform their manager, preferably in writing, at an early stage.

The SCoR has published several documents that give advice on work related musculo- skeletal disorders). These can all be accessed via

<http://www.sor.org/practice/ultrasound/health-safety-sonographers>

As far as a strictly legal requirement to breaks under the Working Time Regulations are concerned the following website gives information <http://www.hse.gov.uk/contact/faqs/workingtime.htm>

Mini-breaks are important with regards to good scanning practice and are also discussed in the above SCoR documents. Breaks in scanning can be for a variety of work related reasons as well as scheduled rest breaks such as for lunch. Time should be allowed for CPD activities although this is unfortunately not mandatory for most sonographers. Trusts and Health Boards do have mandatory requirements for training, some of which are on-line and can be completed over several days e.g. infection control, risk management, health and safety, basic life saving. These will all need time to complete and may help break up what in some departments can be an extended day. There is also audit, multi-disciplinary team meetings, reporting discrepancy meetings, Fetal Anomaly Screening

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Programme (FASP) quality procedures including DQASS, student mentoring and protocol updating to attend to that can all form part of a working day and are breaks from physical scanning.

If at all possible scanning lists should have a variety of case types rather than a long sequence of the same types of examination.

There is an excellent 'on-line' resource that has been produced to support the 18w to 20w 6d fetal anomaly screening scan. There is further advice here as to room design (with a 'virtual' ideal room) and how to reduce the incidence of WRMSD. The information is well presented and there are links to other relevant documents and websites, including the SCoR.

Go to 'What's in the hexagons', section 2.5. Note; website ceased operation; 2015-07-20.

Section 1.7 on Page 14 of the United Kingdom Association of Sonographers 'Guidelines for Professional Working Standards' has information relating to ergonomic practice. (UKAS merged with the College of Radiographers in January 2009). They are available at <http://www.sor.org/learning/document-library/guidelines-professional-wor...>

The Fetal Anomaly screening Programme has commissioned the 'Kinghorn' project led by Tom Brown to investigate this area and come up with possible solutions.

Tom Brown is one of the three original UK ultrasound pioneers (Donald, McVicar and Brown) and is an engineer by profession.

The Visual Display Unit (VDU) regulations apply and sonographers and managers should be aware of these. Employers should provide free eyesight tests or allow re-imburement of the cost of the test. <https://www.sor.org/learning/document-library/vdu-regulations-hs-display...> see also section 4 below.

There are 'body mapping' tools available from the SCoR website. These can help with recording where individual sonographers experience pain or discomfort. <http://www.sor.org/practice/ultrasound/health-safety-sonographers>

Exercises for sonographers can be found in the SCoR document 'Prevention of Work-related Musculoskeletal Disorders in Sonography' and also via on-line searches.

Courses on the use of the Alexander Technique for sonographers have proved popular.

Ultrasound examinations on wards should be limited to those cases where the examination is clinically important and the patient cannot be brought safely to the department.

FASP provide guidance (Standards 6.3, 6.4) with respect to repeat examinations on those women attending for the 18w - 20w 6d screening scan and where the image quality is compromised by e.g. an increased BMI. This document is available from <http://fetalanomaly.screening.nhs.uk/standardsandpolicies>

Trusts and Health Boards should have back care and ergonomics advisors who are able to give advice and undertake risk assessments. SoR Health and Safety Representatives can also undertake risk assessments.

The FASP 'Manual for Sonographers' that supports first trimester screening includes information on recommended room lighting levels. Available from <http://fetalanomaly.screening.nhs.uk/ssresources>

2) Is there any published advice on examination times?

Information on examination timings is given in the United Kingdom Association of Sonographers (UKAS) Guidelines for Professional Working Standards which are available via the SCoR website at

<https://www.sor.org/learning/document-library/guidelines-professional-wo...>

Please note that these are guidelines only, the relevant information is on pages 15 and 16.. The Fetal Anomaly Screening Programme (FASP) has stated in Standard 4.1, (18w – 20w 6d Standards document) that 30 mins should be required for an 18w to 20w 6d fetal anomaly screening scan (45 mins for twins). They have also made a statement that the average time to successfully date a pregnancy, perform and report a CRL and NT measurement is 20 mins, but individual cases may take slightly longer or can take less time.

NICE Guidelines on Multiple Pregnancy (CG 129) published in September 2011 state that 30 mins should be allowed for growth scans on twins and triplets. (Section 1.3.3.4, Page 18)

The SCoR does not provide further guidance as to examination times as there are so many factors that can affect. These can include the experience of the sonographer, the support available, quality of the equipment, teaching requirements, the complexity of the examination and the overall scheduling of scans during the day.

Sonographers have a professional responsibility to ensure that the time allocated for an examination is sufficient for it to be carried out and reported safely and competently.

3) Does the SCoR have any advice with respect to learning how to scan with the non- dominant hand?

We do not have any specific advice at present. The advantage is that the dominant hand and arm can be rested but there is then the risk of problems arising also on the non-dominant side. Time will also be needed to adapt to scanning with the non-dominant hand which will inevitably initially increase examination times. It is also difficult to easily change the physical layout of many ultrasound rooms. Before any changes are made the employer has a legal duty to conduct a risk assessment and a full review of the practicalities should be undertaken. Engaging members in this risk assessment is good practice as employers are then fully aware of what actually happens within the department and not just what is thought to happen.

4) What do the regulations say about eye tests?

Although not a legal requirement sonographers have a clear professional duty to ensure that their eyesight is regularly tested and that glasses/contact lenses are worn if required. Eyesight may deteriorate subtly over a period of time hence the importance of regular testing. Sonographers are classed as VDU users and employers should provide free eyesight tests or allow for re-imburement of the cost of the test. The employer does not have a legal obligation to permit 'paid' time off to attend an eye test.

5) What should I do if there are problems?

The employer has a legal duty to conduct a risk assessment before any changes in work practice. This can include changing scanning times, changes in equipment, changes in rota systems or out of hours cover, and extending the working day. When there has been any accident or injury, the risk assessment needs to be reviewed, and risks acted upon.

All ultrasound rooms and procedures should be subject to a regular and on-going risk assessment

process.

If sonographers are suffering from WRMSD they should ask their local Health and Safety Representative or Industrial Relations representative to look at the risk assessment in place, and check whether any risks were noted on previous one, and what preventative measures were taken.

It is important that concerns about WRMSD are put in writing to management.

6) Additional work undertaken

Many sonographers also undertake work on a private basis or for an additional employer to their main NHS employer (e.g. for a General Practitioner). The above considerations also apply and if the sonographer is already suffering from WRMSD these may be exacerbated, particularly if the scanning environment is poor. This may be a consideration if a claim were to be brought against a sonographer's main employer who may have made every effort to reduce the risk of WRMSD. Every case is, however, reviewed on its individual circumstances. The extension of working hours either for their main employer or as described above may also affect a sonographer's risk of developing or exacerbating a WRMSD.

7) Websites

There is much information available on the internet by using search words such as 'ultrasound', 'exercises' and 'ergonomics'. The SCoR does not endorse any particular site or company but a search may be of value to individual sonographers. The usual cautions about the accuracy and content of some web based material apply.

8) Contacts

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